

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Wednesday, February 03, 2016 12:00 PM
To: Constantine Kolouas; Chris Aquino
Subject: 2016 Annual Report - WMATC No: 1087, Carrier Name: Alstar Medical Transportation, Inc.

Washington Metropolitan Area Transit Commission 2016 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2016, must file a complete 2016 annual report and pay a \$175 annual fee on or before **February 1, 2016**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2016.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 1087

Name of Carrier (as shown on certificate of authority): Alstar Medical Transportation, Inc.

Trade Name:

Principal Place of Business

Street Address: 10111 MARTIN LUTHER KING JNR HWY

Apt./Suite: #108

City: BOWIE

State: MD

Zip: 20720

Mailing Address (if different from street address)

Street: 5509 HILAND AVE

Apt./Suite:

City: LANHAM

State: MD

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
	2006	CHEVY	2G1WS551369422127	53018B	MD	4	No
	2005	Mercury	2MRZA21245BJ03571	53014B	MD	4	Yes
	2000	FORD	1FBNE31LXYHA15558	9AY4984	MD	5	Yes
	2003	FORD	1FTNE24273HA45943	1CC5708	MD	5	Yes
	2007	FORD	1FTNE24W87DA59141	8CA3874	MD	5	Yes
	2007	DODGE	1D4GP24R77B125772	5BV2609	MD	5	Yes

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: BENJAMIN KRUAH

Title: PRESIDENT

Date: 02/01/2016